

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

11/720479

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		1				
6		1				
7		1				
8	1					
9	1					
10		(G)				
11		(G)				
12		(G)				
13	1					
14	1					
15	1					
16	1					
17	1	1				
18		1				
19		1				
20	1					
21	1					
22		(G)				
23		(G)				
24		(G)				
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50						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	14	←		←		←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						